

<i>SERFF Tracking Number:</i>	<i>SAMM-125501493</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Meridian Security Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>SAC-WC-2008-128</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>New and Revised Endorsements and Introductory Filing in Meridian Security/SAC-WC-2008-128</i>		

Filing at a Glance

Companies: Meridian Security Insurance Company, State Auto Property and Casualty Insurance Company, State Automobile Mutual Insurance Company

Product Name: Workers Compensation

SERFF Tr Num: SAMM-125501493 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 16.0004 Standard WC

Co Tr Num: SAC-WC-2008-128

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Author: Bev Griffin

Disposition Date: 04/11/2008

Date Submitted: 04/11/2008

Disposition Status: Approved

Effective Date Requested (New): 07/26/2008

Effective Date (New): 07/26/2008

Effective Date Requested (Renewal): 07/26/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: New and Revised Endorsements and Introductory Filing in Meridian Security Status of Filing in Domicile:

Project Number: SAC-WC-2008-128

Domicile Status Comments:

Reference Organization: NCCI

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 04/11/2008

State Status Changed: 04/11/2008

Deemer Date:

Corresponding Filing Tracking Number: SAC-WC-2008-129

Filing Description:

With this filing we wish to accomplish the following:

1. State Automobile Mutual Insurance Company and State Auto Property and Casualty Insurance Company

Replace our current policy jacket as follows:

SERFF Tracking Number:	SAMM-125501493	State:	Arkansas
First Filing Company:	Meridian Security Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	SAC-WC-2008-128		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	New and Revised Endorsements and Introductory Filing in Meridian Security/SAC-WC-2008-128		

NEW FORM

WC 99 06 01 04 06

TITLE

Common Policy Jacket

REPLACED FORM

SI 10 08 01 04

2. Meridian Security Insurance Company

We wish to use the same forms as currently filed and approved in State Automobile Mutual Insurance Company and State Auto Property and Casualty Insurance Company. The attached Exhibit I is a list of the most current NCCI forms that have been filed on our behalf. Our independent forms are listed and attached on the forms schedule within SERFF.

Company and Contact

Filing Contact Information

Griffin Beverly, Filing Coordinator II	bev.griffin@stateauto.com
State Auto Insurance Companies	(800) 695-9436 [Phone]
Columbus, OH 43215	(614) 719-0297[FAX]

Filing Company Information

Meridian Security Insurance Company	CoCode: 23353	State of Domicile: Indiana
2955 North Meridian Street	Group Code: 175	Company Type: Property and Casualty
Indianapolis, IN 46208-4788	Group Name:	State ID Number:
(614) 464-5000 ext. [Phone]	FEIN Number: 35-1135866	

State Auto Property and Casualty Insurance Company	CoCode: 25127	State of Domicile: Iowa
1300 Woodland Avenue	Group Code: 175	Company Type: Property and

SERFF Tracking Number: SMM-125501493 State: Arkansas
First Filing Company: Meridian Security Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: SAC-WC-2008-128
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: New and Revised Endorsements and Introductory Filing in Meridian Security/SAC-WC-2008-128

Casualty

P. O. Box 66150

West Des Moines, IA 50265-0150
(614) 464-5000 ext. [Phone]

Group Name:
FEIN Number: 57-6010814

State ID Number:

State Automobile Mutual Insurance Company
518 East Broad Street

CoCode: 25135
Group Code: 175

State of Domicile: Ohio
Company Type: Property and
Casualty

P. O. Box 182822

Columbus, OH 43215
(614) 464-5000 ext. [Phone]

Group Name:
FEIN Number: 31-4316080

State ID Number:

SERFF Tracking Number: *SAMM-125501493* *State:* *Arkansas*
First Filing Company: *Meridian Security Insurance Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *SAC-WC-2008-128*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
Product Name: *Workers Compensation*
Project Name/Number: *New and Revised Endorsements and Introductory Filing in Meridian Security/SAC-WC-2008-128*

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Meridian Security Insurance Company	\$0.00	04/11/2008	
State Auto Property and Casualty Insurance Company	\$0.00	04/11/2008	
State Automobile Mutual Insurance Company	\$50.00	04/11/2008	19476877

<i>SERFF Tracking Number:</i>	<i>SAMM-125501493</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Meridian Security Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>SAC-WC-2008-128</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>New and Revised Endorsements and Introductory Filing in Meridian Security/SAC-WC-2008-128</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	04/11/2008	04/11/2008

SERFF Tracking Number:	SAMM-125501493	State:	Arkansas
First Filing Company:	Meridian Security Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	SAC-WC-2008-128		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	New and Revised Endorsements and Introductory Filing in Meridian Security/SAC-WC-2008-128		

Disposition

Disposition Date: 04/11/2008
Effective Date (New): 07/26/2008
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

<i>SERFF Tracking Number:</i>	<i>SAMM-125501493</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Meridian Security Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>SAC-WC-2008-128</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>New and Revised Endorsements and Introductory Filing in Meridian Security/SAC-WC-2008-128</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Exhibit I - List of NCCI Forms	Approved	Yes
Form	Common Policy Jacket (SAMIC and SAP&C)	Approved	Yes
Form	Common Policy Jacket (MSIC)	Approved	Yes
Form	Large Deductible Endorsement - Arkansas (MSIC)	Approved	Yes

SERFF Tracking Number: SMM-125501493 State: Arkansas

First Filing Company: Meridian Security Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: SAC-WC-2008-128

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: New and Revised Endorsements and Introductory Filing in Meridian Security/SAC-WC-2008-128

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Common Policy Jacket (SAMIC and SAP&C)	WC 99 06 01	04 06	Endorsement/Amendment/Conditions	Replaced Form #:0.00 SI 10 08 01 04 Previous Filing #: SAMIC = SA-WC-2004-65 and SAP&C = PC-WC-2004-66		WC 99 06 01 04 06 Policy Jacket.pdf Policy Jacket comparison.pdf
Approved	Common Policy Jacket (MSIC)	WC 99 06 01	04 06	Endorsement/Amendment/Conditions		0.00	WC 99 06 01 04 06 Policy Jacket.pdf
Approved	Large Deductible Endorsement - Arkansas (MSIC)	SW 99 01 06	12 04	Endorsement/Amendment/Conditions		0.00	SW 99 01 06 12 04 Large Deductible-AR.pdf



MAIL ROUTING LINE

WHOSE COPY -
Variable Field #1

POLICY NUMBER
Variable Field #2

TYPE OF POLICY - VARIABLE FIELD #3
(CAN BE 1-2 LINES)

COMPANY NAME - VARIABLE FIELD #4

HOME OFFICE 518 EAST BROAD STREET COLUMBUS OHIO 43215-3976
TELEPHONE 614-464-5000



MAIL ROUTING LINE

WHOSE COPY -
Variable Field #1

POLICY NUMBER
Variable Field #2

CONDITIONS APPLICABLE TO STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

DIVIDENDS

You are entitled to the proportionate part of any policyholder's dividend if declared by our Board of Directors in accordance with its By-Laws.

NOTICE OF POLICYHOLDERS MEETINGS

While your policy is in force, you are one of our members and are entitled, in person or by proxy, to one vote at all meetings of the members. The annual meeting of the members is held at 9 o'clock A.M., Columbus time, on the first Friday of March of each year at our Home Office at 518 East Broad Street, Columbus, Ohio.

NON-ASSESSABLE

This policy is non-assessable and the insured shall not be liable for the payment of any assessment nor for the payment of any premium other than that stated in this policy.

IN WITNESS WHEREOF, we have caused this policy to be signed by our Secretary and President at Columbus, Ohio, and countersigned on the Declarations page by an authorized agent of the State Auto Insurance Companies.

(John R. Lowther signature block)

Secretary

(Robert P. Restrepo signature block)

President

Text Comparison

Documents Compared

SI 10 08 01 04 Policy Jacket.pdf - Adobe Acrobat Professional

WC 99 06 01 04 06 Policy Jacket.pdf

Summary

18 word(s) added

16 word(s) deleted

253 word(s) matched

2 block(s) matched

To see where the changes are, scroll down.



MAIL ROUTING LINE

WHOSE COPY -
Variable Field #1

POLICY NUMBER
Variable Field #2

TYPE OF POLICY - VARIABLE FIELD #3
(CAN BE 1-2 LINES)

COMPANY NAME - VARIABLE FIELD #4

HOME OFFICE 518 EAST BROAD STREET COLUMBUS OHIO 43215-3976
TELEPHONE 614-464-5000



MAIL ROUTING LINE

WHOSE COPY -
Variable Field #1

POLICY NUMBER
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TYPE OF POLICY - VARIABLE FIELD #3
(CAN BE 1-2 LINES)

COMPANY NAME - VARIABLE FIELD #4

HOME OFFICE 518 EAST BROAD STREET COLUMBUS OHIO 43215-3976
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MAIL ROUTING LINE

WHOSE COPY -
Variable Field #1POLICY NUMBER
Variable Field #2**CONDITIONS APPLICABLE TO STATE AUTOMOBILE MUTUAL INSURANCE COMPANY****DIVIDENDS**

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(John R. Lowther signature block)

~~Secretary~~(Robert H. ~~Moone~~ signature block)~~President~~



MAIL ROUTING LINE

 WHOSE COPY -
Variable Field #1

 POLICY NUMBER
Variable Field #2

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(John R. Lowther signature block)

Secretary

(Robert P. Restrepo signature block)

President



MAIL ROUTING LINE

WHOSE COPY -
Variable Field #1

POLICY NUMBER
Variable Field #2

TYPE OF POLICY - VARIABLE FIELD #3
(CAN BE 1-2 LINES)

COMPANY NAME - VARIABLE FIELD #4

HOME OFFICE 518 EAST BROAD STREET COLUMBUS OHIO 43215-3976
TELEPHONE 614-464-5000



MAIL ROUTING LINE

WHOSE COPY -
Variable Field #1

POLICY NUMBER
Variable Field #2

CONDITIONS APPLICABLE TO STATE AUTOMOBILE MUTUAL INSURANCE COMPANY

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IN WITNESS WHEREOF, we have caused this policy to be signed by our Secretary and President at Columbus, Ohio, and countersigned on the Declarations page by an authorized agent of the State Auto Insurance Companies.

(John R. Lowther signature block)

Secretary

(Robert P. Restrepo signature block)

President

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

LARGE DEDUCTIBLE ENDORSEMENT- ARKANSAS

(The information required to complete this endorsement, if not shown below, will be shown in the Declarations)

Endorsement Effective

Policy No.

Endorsement No.

Insured

Premium

Insurance Company

Countersigned by _____

It is agreed that:

I. Deductible Amount

- A.** This endorsement does not change our obligation under PART ONE or PART THREE, to pay benefits on a first dollar basis required of you by a Workers Compensation Law of each state or territory named in the Schedule of this endorsement. However, we are entitled to reimbursement from you of any amount paid by us up to the amount of the deductible stated in the Schedule of this endorsement. This endorsement does not change our obligation under PART TWO or PART THREE, to pay damages because of bodily injury to your employees. However, we are entitled to reimbursement from you of any amounts paid by us up to the amount of the deductible stated in the Schedule of this endorsement.
- B.** The deductible amount includes **Claims Expenses** and applies:
1. Per accident with respect to bodily injury caused by accident, and
 2. Per person with respect to bodily injury by disease.
- C.** The following **Aggregate Deductible Limit** provisions set the most you must reimburse to us under the terms of this deductible endorsement.
1. The Aggregate Deductible Limit applies to the Period of Application stated in the Schedule.
 2. The amount of the Aggregate Deductible Limit will be the greater of:
 - a. The Minimum Aggregate Deductible Limit stated in the Schedule; or
 - b. The Rate stated in the Schedule multiplied by the actual audited exposures for the Exposure Base stated in the Schedule.
 3. In the event this policy is cancelled or nonrenewed by us for reasons other than nonpayment, at any time prior to the end of the Period of Application, the Minimum Aggregate Deductible Limit will be adjusted pro rata based on the entire Period of Application. The Minimum Aggregate Deductible Limit will not be adjusted in the event of cancellation or nonrenewal by us for nonpayment of premium, nor for any reason if cancelled or nonrenewed by you.
 4. The application of the Aggregate Deductible Limit will be based upon the paid loss records of the Claims Service Provider scheduled in this endorsement.

- D. In addition to amounts we pay as damages under PART TWO, amounts you reimburse us for damages under PART TWO within the deductible will use up the applicable Limits of Insurance, including the aggregate limits.
- E. If you are unable to pay any or all of the deductible amount after a Petition of Bankruptcy, we will pay the amount and will be entitled to reimbursement from you as provided for in Section III - Reimbursement.
- F. Nothing in this endorsement shall obligate us to pay any amount after the applicable limit of the Company's liability has been used up in the payment of judgments or settlements.

II. Limitation of Defense, Investigation and Settlement Obligations

PART ONE - C. and PART TWO - D., We will Defend, of the policy are replaced by the following:

- A. We shall have the right and duty to:
 - 1. Defend or participate in the defense of any proceeding, claim or suit against you, and
 - 2. Investigate any accident or disease and settle any proceeding, claim or suit.

III. Reimbursement

- A. When we pay all or any part of the deductible amount in order to effect settlement of any claim or suit, the first Named Insured shall promptly, upon notification of the action taken, reimburse us for any such part of the deductible amount that has been paid by us including any claim expense within thirty (30) days of the billing date.
- B. You shall maintain collateral, in the form of an irrevocable financial guarantee in an amount and form acceptable to us, for any and all amounts we pay or may become obligated to pay under Section I - Deductible Amount. This obligation shall be in addition to any other collateral you have agreed to maintain.
- C. If you fail to comply with A. or B., we will cancel this policy by issuing ten (10) day notice of cancellation.

IV. Allocation of Costs of Defense, Investigation and Settlement

- A. When the total amount paid, including **Claim Expense**, for all proceedings, claims or suits as a result of any one accident in the case of bodily injury by accident or any one person in the case of bodily injury by disease, does not exceed the deductible amount, we will not be obligated to pay any part of the **Claim Expense**.
- B. When the total amount paid, including **Claim Expense**, for all proceedings, claims or suits as a result of any one accident in the case of bodily injury by accident or any one person in the case of bodily injury by disease, is in excess of the deductible amount, we will be obligated to pay that part of the benefits, damages and **Claim Expense** that exceeds the deductible amount.
- C. Any **Claim Expense** paid by us as provided for in paragraph B. above will be in addition to any obligation we have to pay damages under PART TWO, but our obligation to pay **Claim Expense** ends when the applicable limit of liability has been used up in the payment of damages.

V. "We Will Also Pay" Provisions

- A. PART ONE - D. and PART TWO - E., We Will Also Pay, of the policy are deleted.

VI. Your Duties If Injury Occurs

- A. PART FOUR - Your Duties If Injury Occurs applies irrespective of the deductible, but notice to the Claims Service Provider scheduled in this endorsement will be deemed notice to us.
- B. You must report all claims promptly.

VII. CLAIM EXPENSE

As used in this endorsement, the words **Claim Expense** mean:

- A. All costs taxed against you in a proceeding, claim or suit;
- B. Interest on a judgment as required by law;
- C. All reasonable expenses incurred by you or by us in;
 - 1. Investigating an accident or disease proceeding, claim or suit,
 - 2. Defending a proceeding, claim or suit,
 - 3. Pursuing rights of recovery against others, and
 - 4. Performing cost containment services,

But not including wages or salary of your employees, your normal operating expenses or payments made under your contract with the Claims Service Provider schedules in this endorsement; and

- D. The cost of bonds to release attachments, but only for bond amounts within the applicable limit of insurance. We do not have to furnish these bonds.

DEDUCTIBLE ENDORSEMENT SCHEDULE

THE DEDUCTIBLE BELOW APPLIES
TO THE FOLLOWING STATES: _____

DEDUCTIBLE AMOUNT _____ Each Accident or Disease

PERIOD OF APPLICATION _____

EXPOSURE BASE PAYROLL _____

ESTIMATED EXPOSURE _____

X RATE _____

ESTIMATED AGGREGATE DEDUCTIBLE LIMIT _____

MINIMUM AGGREGATE DEDUCTIBLE LIMIT _____

CLAIMS SERVICE PROVIDER State Auto Insurance Companies

THIS ENDORSEMENT CHANGES THE POLICY TO WHICH IT IS ATTACHED AND IS EFFECTIVE ON THE DATE ISSUED UNLESS OTHERWISE STATED.

<i>SERFF Tracking Number:</i>	<i>SAMM-125501493</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Meridian Security Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>SAC-WC-2008-128</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>New and Revised Endorsements and Introductory Filing in Meridian Security/SAC-WC-2008-128</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: SAMM-125501493 State: Arkansas
First Filing Company: Meridian Security Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: SAC-WC-2008-128
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers Compensation
Project Name/Number: New and Revised Endorsements and Introductory Filing in Meridian Security/SAC-WC-2008-128

Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Approved	04/11/2008

Comments:

Attachment:

pc transmittal.pdf

		Review Status:	
Satisfied -Name:	Exhibit I - List of NCCI Forms	Approved	04/11/2008

Comments:

Attachment:

Exhibit I.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	State Auto Insurance Companies				Group NAIC #	175
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
State Automobile Mutual Ins Co	OH	25135	31-4316080			
State Auto Property & Casualty Ins Co	IA	25127	57-6010814			
Meridian Security Ins Co	IN	23353	35-1135866			

5. Company Tracking Number	SAC-WC-2008-128
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Bev Griffin 518 East Broad Street Columbus, Ohio 43215	State Regulatory Analyst II	800-444-9950 (ext. 5507)	614-719-0297	bev.griffin@stateauto.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Bev Griffin		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16.0 Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	16.0004 Standard WC
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 07/26/2008 Renewal: 07/26/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	04/11/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	SAC-WC-2008-128
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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With this filing we wish to accomplish the following:

1. **State Automobile Mutual Insurance Company
State Auto Property and Casualty Insurance Company**

Replace our current policy jacket as follows:

NEW FORM	TITLE	REPLACED FORM
WC 99 06 01 04 06	Common Policy Jacket	SI 10 08 01 04

2. **Meridian Security Insurance Company**

We wish to use the same forms as currently filed and approved in State Automobile Mutual Insurance Company and State Auto Property and Casualty Insurance Company. The attached Exhibit I is a list of the most current NCCI forms that have been filed on our behalf. Our independent forms are listed and attached on the forms schedule within SERFF.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #: N/A - EFT Amount: \$50.00	
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		SAC-WC-2008-128		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
	STATE AUTOMOBILE MUTUAL INSURANCE COMPANY STATE AUTO PROPERTY AND CASUALTY INSURANCE COMPANY				
01	Common Policy Jacket	WC 99 06 01 04 06	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	SI 10 08 01 04	
	MERIDIAN SECURITY INSURANCE COMPANY				
02	Common Policy Jacket	WC 99 06 01 04 06	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Large Deductible Endorsement – Arkansas	SW 99 01 06 12 04	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

Arkansas NCCI Workers Comp Forms List

NUMBER	EDITION DATE	FORM TITLE
ACORD 125	2002/09	Applicant Insurance Application
ACORD 130	08/05	Workers' Compensation Application
WC 00 00 00 A	04 92	Workers Compensation and Employers Liability Insurance Policy
WC 00 00 01	05 88	Information Page Notes
WC 00 00 01 A	05 88	Information Page
WC 00 00 01 A	06 94	General Information Page Notes
WC 00 01 01 A	04 92	Defense Base Act Coverage Endorsement
WC 00 01 02	04 84	Federal Coal Mine Health and Safety Act Coverage Endorsement
WC 00 01 04 A	10 04	Federal Employers' Liability Act Coverage Endorsement
WC 00 01 06 A	04 92	Longshoremen's and Harbor Workers' Compensation Act Coverage Endorsement
WC 00 01 08 A	04 92	Non-appropriated Fund Instrumentalities Act Coverage Endorsement
WC 00 01 09 A	04 92	Outer Continental Shelf Lands Act Coverage
WC 00 01 11	07 92	Migrant and Seasonal Agricultural Worker Protection Act Coverage
WC 00 01 13 A	01 08	Terrorism Risk Insurance Extension Act Endorsement
WC 00 02 01 A	04 92	Maritime Coverage Endorsement
WC 00 02 03	04 84	Voluntary Compensation Maritime Coverage Endorsement
WC 00 03 01 A	02 89	Alternate Employer Endorsement
WC 00 03 02	04 84	Designated Workplaces Exclusion Endorsement
WC 00 03 03 C	10 04	Employers Liability Coverage Endorsement
WC 00 03 04	04 84	Insurance Company as Insured Endorsement
WC 00 03 05	04 84	Joint Venture as Insured Endorsement
WC 00 03 06	04 84	Medical Benefits Exclusion Endorsement
WC 00 03 07	04 84	Medical Benefits Reimbursement Endorsement
WC 00 03 08	04 84	Partners, Officers and Others Exclusion Endorsement
WC 00 03 09 B	01 06	Rural Utilities Service Endorsement
WC 00 03 10	04 84	Sole Proprietors, Partners, Officers and Others Coverage Endorsement
WC 00 03 11 A	07 05	Voluntary Compensation and Employers Liability Coverage Endorsement
WC 00 03 12	04 84	Voluntary Compensation and Employers Liability Coverage For Residence Employees Endorsement
WC 00 03 13	04 84	Waiver of Our Right to Recover From Others Endorsement
WC 00 03 14	04 84	Workers Compensation and Employers Liability Coverage For Residence Employees Endorsement
WC 00 03 15	04 84	Domestic and Agricultural Workers Exclusion Endorsement
WC 00 03 20 A	02 92	Labor Contractor Endorsement

NUMBER	EDITION DATE	FORM TITLE
WC 00 03 20 B	01 06	Professional Employer Organization (PEO) Extension Endorsement
WC 00 03 21	02 92	Labor Contractor Exclusion Endorsement
WC 00 03 21 A	01 06	Professional Employer Organization (PEO) Extension Endorsement
WC 00 03 22	02 92	Employee Leasing Client Exclusion Endorsement
WC 00 03 22 A	01 06	Professional Employer Organization (PEO) Client Exclusion Endorsement
WC 00 03 23	02 92	Multiple Coordinated Policy Endorsement
WC 00 03 23 A	01 06	Multiple Coordinated Policy Endorsement
WC 00 03 25	01 97	Residual Market Limited Company Endorsement
WC 00 03 26	12 96	Residual Market Limited Other States Insurance Endorsement
WC 00 03 26 A	12 96	Residual Market Limited Other States Insurance Endorsement (Amended)

NUMBER	EDITION DATE	FORM TITLE
WC 00 04 01 A	05 86	Aircraft Premium Endorsement
WC 00 04 02	04 84	Anniversary Rating Date Endorsement
WC 00 04 03	04 84	Experience Rating Modification Factor Endorsement
WC 00 04 04	04 84	Pending Rate Change Endorsement
WC 00 04 05	04 84	Policy Period Endorsement
WC 00 04 06	08 84	Premium Discount Endorsement
WC 00 04 07	04 84	Rate Change Endorsement
WC 00 04 08	04 84	Longshoremen's and Harbor Workers' Compensation Act Rate Change Endorsement
WC 00 04 09	04 84	Premium Determination Endorsement – Former Self- Insurers 1
WC 00 04 12	01 90	Contingent Experience Rating Endorsement
WC 00 04 14	07 90	Notification of Change in Ownership Endorsement
WC 00 04 19	01 01	Premium Due Date Endorsement
WC 00 04 21 B	01 08	Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents Premium Endorsement
WC 00 04 22	01 06	Foreign Terrorism Premium Endorsement
WC 00 05 03 A	12 91	Retrospective Premium Endorsement - One Year Plan
WC 00 05 04 A	12 91	Retrospective Premium Endorsement - Three Year Plan
WC 00 05 05 A	12 91	Retrospective Premium Endorsement - Long-term Construction Project
WC 00 05 08	04 84	Retrospective Premium Endorsement Aviation Exclusion
WC 00 05 09 A	04 87	Retrospective Premium Endorsement—Changes
WC 00 05 10	04 84	Retrospective Premium Endorsement-- Non-Ratable Catastrophe Element or Surcharge
WC 00 05 11	04 84	Retrospective Premium Endorsement-- Short Form
WC 00 05 12 A	12 91	Retrospective Premium Endorsement - One Year Plan - Multiple Lines
WC 00 05 13 A	12 91	Retrospective Premium Endorsement - Three Year Plan - Multiple Lines
WC 00 05 14 A	12 91	Retrospective Premium Endorsement - Long-Term Construction Project - Multiple Lines
WC 00 05 15	10 93	Retrospective Premium Endorsement - Flexibility Options
WC 03 03 01	01 94	Arkansas Assigned Risk Associated or Sponsored Policy Coverage Endorsement
WC 03 03 02	01 94	Arkansas Assigned Risk Multiple Coordinated Policy Coverage Endorsement
WC 03 04 01	03 94	Arkansas Workers Compensation Insurance Plan Alternate Preferred Plan Premium Endorsement
WC 03 04 02	03 94	Arkansas Workers Compensation Insurance Plan Assigned Risk Tabular Adjustment Program Endorsement
WC 03 04 03	03 94	Arkansas Workers Compensation Insurance Plan—Merit Rating Endorsement
WC 03 04 04	10 92	Arkansas Managed Care Endorsement

WC 03 06 01 A	04 92	Arkansas Amendatory Endorsement
WC 03 06 02 A	10 96	Arkansas Benefits Deductible Endorsement
WC 03 06 03	01 00	Arkansas Contract Hauling Warranty Endorsement
WC 89 06 00A	07 87	Policy Information Page Endorsement
WC 89 06 00B	07 01	Policy Information Page Endorsement
WC 89 06 09B	08 98	Policy Termination/Cancellation/ Reinstatement Notice
WC 89 06 20 C	05 97	Proof of Coverage Notice
Form 1A-1	01 02	Employer's First Report of Injury
AR-P ENG	04 02	Posting Notice -ENG
AR-P SP	10 04	Posting Notice -SP